

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553181

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	-	-	-	-				S1					
2			-	-				S2					
3			2		-	-		S3					
4					-	-		S4					
5					-	-		S5					
6					-	-		S6					
7					-	-		S7					
8					-	-		S8					
9					-	-		S9					
10					-	-		S10					
11					-	-		S11					
12					-	-		S12					
13					-	-		S13					
14			2		-	-		S14					
15								S15					
16								S16					
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44								S44					
45								S45					
46								S46					
47								S47					
48								S48					
49								S49					
50								S50					
TOTAL IND.					1			TOTAL IND.					
TOTAL DEP.					19			TOTAL DEP.					
TOTAL CLAIMS					14			TOTAL CLAIMS					